United Nations E/ICEF/1999/P/L.7

Economic and Social Council

Distr.: Limited
29 October 1998

Original: English

United Nations Children's Fund
Executive Board
First regular session 1999
19-22 and 25 January 1999
Item 7 of the provisional agenda*

For information

Summary of mid-term reviews and major evaluations of country programme

Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1) which requested the secretariat to submit to the Board a summary of the outcome of mid-term reviews (MTRs) and major country programme evaluations, specifying, *inter alia*, the results achieved, lessons learned and the need for any adjustment in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTRs and evaluations described in the present report were conducted during 1997 and 1998.

Introduction

1. The formal review of Albania was held in April, Georgia in June and Turkey in September 1998 at high-level meetings with representatives of the respective Governments and ministries, technical counterparts, non-governmental organizations (NGOs) and other United Nations agencies. All of the meetings were preceded by consultative sessions that led to the preparation of various position papers reflecting the country programme profile and focusing on issues concerning children and women. These were the first mid-term reviews (MTRs) for both Albania and Georgia. Lessons learned from the key evaluation and assessment section reviewed in the present report have helped programme strategy orientation in the region. The MONEE Regional Monitoring Report, which analyses the effect of the transition on social conditions and public policy affecting children and their families, continues to identify crucial issues for policy dialogue and background information for more informed programming. The 1997 report on "Children at Risk in Central and Eastern Europe: Perils and Promises", indicated that there was an increasing number of children in institutions. As a result, several initiatives

* E/ICEF/1999/2.

were started in the region, such as the Child Care Forum in Hungary which is reviewing institutionalization practices in five countries with a view to creating a database of children in public care and identifying best child care practices that can serve as the basis of policy and operational change. In addition, UNICEF has launched a comparative cost analysis study of children in public versus private family care in Lithuania. The findings of the study of iodine deficiency disorders (IDD), reported on in the 1998 regional summary (E/ICEF/1998/P/L.7), has led UNICEF to work more closely with salt producers, to intensify efforts on legislation and to develop a regional salt map with the participation of all countries in the region.

Overall mid-term review observations

2. The three MTRs conducted in the region during 1998 were not only useful for UNICEF as a formative review of the programme cycle, but also beneficial to begin to identify new areas requiring attention, such as children living on the street, domestic violence and HIV/AIDS. All of the MTRs reflected a focus on children's rights as the basis for the review and, ultimately, new programme direction.

3. At all three review meetings, appreciation was expressed for UNICEF work to identify issues affecting children and women and for its programming efforts that begin to target the root causes of these problems. Some examples cited included the basic education project in Turkey, the legislative reforms which incorporate the Convention on the Rights of the Child in Albania and support to health reform in Georgia. There was also general consensus that the support and active involvement of UNICEF in the promotion of cost-effective and sustainable approaches in health, education and social welfare were essential at this period of time. National partners emphasized that UNICEF support was needed to enhance civil society actions for children, adolescents and women.

4. One theme that emerged from all the MTRs was a reaffirmation that greater emphasis should be placed on the role of primary care providers, families and communities in child development and protection as institutional solutions alone are no longer viable. UNICEF will assist in strengthening their commitment to work together with others on building the capacity of communities and providing them with the knowledge and skills necessary to cope effectively with family responsibilities.

5. The MTRs also identified a need for increased intersectorality and the convergence of services. This new thrust, organized around the principles of the Convention on the Rights of the Child and, for example, intersectoral themes such as early childhood care and development (ECCD), is still in the formative stages. In a rights-based approach to programming centred around survival, protection, development and participation, Turkey has probably taken this convergence the furthest of the three programmes reviewed. However, more evaluation and careful documentation of successful practices and lessons learned need to be collected.

6. The lack of models for change and old practices still affect the abilities of Governments and NGOs to move towards more emphasis on social policy reform, social programme cost-effectiveness and accountability. Analysis points to the importance of a capacity-building strategy and of the use of models of excellence to formulate successful programme approaches. UNICEF will continue efforts aimed at the extensive capacity-building of both government institutions and NGOs, establishing sound networking mechanisms and applied research schemes.

Country mid-term reviews

Albania

7. UNICEF established its presence in Albania in 1992 with emergency interventions in response to the deep crisis following the collapse of the communist regime. As the situation became more stable, however, UNICEF progressively developed longer-term development strategies for children's services. In 1996, the UNICEF Executive Board approved a five-year country programme covering the period 1996-2000 (E/ICEF/1996/P/L.54).

8. Albania still continues to be the poorest country in Europe, and this condition is exacerbated by social unrest and other unsettling factors brought on by the transition. Two important emergencies directly affected the situation of children, i.e., a polio epidemic in 1996 and a violent unrest following the collapse of pyramid financial schemes in 1997. The country continues to remain plagued by violent unrest, which is having very negative consequences for social development.

9. Malnutrition still remains a serious problem for Albania, especially among children under the age of five years. IDD is also serious, with an estimated ó3 per cent of children aged 8-10 years suffering from severe iodine deficiency. There is a relatively high maternal mortality rate (MMR) of 25 per 100,000 live births as well as infant and under-five mortality rates (IMR and U5MR) of 26 and 28 per 1,000 births, respectively. New social problems such as drug abuse, domestic violence and juvenile delinquency are on the rise. Although 94 per cent of children are enrolled in primary school, this is a

decrease from the past, and as a result of the appalling conditions of many of the schools and the lack of teaching and learning materials, the quality of education has deteriorated rapidly.

10. The MTR was held after full consultation with UNICEF partners in Albania, the Ministries of Health, Education and Social Affairs, public institutions, local and international NGOs and other United Nations agencies and representatives from the donor community. The impact of UNICEF interventions was assessed not only in terms of the achievement of programme objectives, but mainly in terms of the progress made by the Government of Albania and civil society in making universally recognized rights a daily reality for all children. The review was conducted in the context of four broad categories of child rights: survival; development; participation; and protection. Although the initial programme of cooperation was formulated based on the more traditional sectoral design, the rights-based approach proved to be useful for all participants of the review, including UNICEF staff, to understand the importance of integrated strategies for child issues. Thematic papers, which ultimately guided the strategic discussions, were written not only to reflect programme activities, but also to emphasize the main principles of the Convention on the Rights of the Child and evaluate how these principles have guided policies and actions of all partners.

11. The review also served to highlight areas that require greater emphasis. The increased knowledge of the situation of children, substantiated by data and research, needs to develop. In particular, information is lacking regarding the situation of the children in greatest need. In this category, special priority should be given to child migrants and to children with disabilities.

12. ECCD strategies must be developed that integrate relevant sectors. The participation of young people is still in the early stage, and UNICEF would like to develop a strategy that would encourage this crucial group in decision-making. There will also be more of an emphasis on family-based intervention strategies.

13. Continual attention will be given to ensuring that maternal and child services are accessible and user-friendly. As a minimum, services such as the expanded programme on immunization and the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) need to be integrated and mutually reinforcing. Particular attention also needs to be placed on the health needs of youth, especially in light of the increase in sexually transmitted diseases and HIV/AIDS.

14. During the periods of social unrest, the fact that many public institutions such as schools and health centres were damaged by community members themselves is indicative of a lack of ownership by communities over basic services for children. For this reason, it was felt that the involvement of local communities and the actual beneficiaries was crucial in the development of health and education systems.

15. During the period under review, the UNICEF office in Albania has cooperated closely with other United Nations agencies represented in the country. During the first half of 1997, the UNICEF Representative also acted as United Nations Coordinator. The coordination of efforts has been efficient, leading to the development of complementary activities.

16. The structure of the office has evolved progressively in order to allow it to better cope with the challenges created by the successive crises. However, it was felt that the relative inexperience of the staff requires a continual process of support and capacity-building in the next half of the country programme.

Georgia

17. The UNICEF office in Georgia was established at the end of 1993 to support emergency interventions in response to the crisis resulting from the drastic decline of the economy and the political conflicts. As the situation stabilized, the thrust of the 1996-2000 country programme (E/ICEF/1996/P/L.57) shifted from emergency to rehabilitation and development.

18. While the political and economic situations have stabilized since 1995, the gross domestic product in 1997, though experiencing some degree of recovery, still stands at only 33 per cent of the 1990 level. Over 50 per cent of the population live in poverty.

19. The Health Care Reform, launched in August 1995, led to complex changes in service delivery and management. However, it has not as yet fully responded to the needs of children, women and adolescents. IMR has reportedly increased from 15 per 1,000 live births in 1994 to 25 in 1997. Immunization coverage is only at 60 per cent of children under one year old. MMR also appears to have increased from 41 per 100,000 live births in 1990 to 67 in 1997. Over the last three years, unattended births have increased from 4 to 15 per cent due to costs associated with hospital-based deliveries. Anaemia affects 40 per cent of pregnant women, and varying degrees of iodine deficiency were observed in 64 per cent of a surveyed 6- to 12-year-old population.

20. The transition has had a devastating effect on the education system. The rising cost of education is increasingly met by direct payments from parents while, at the

same time, family incomes have fallen and inequality has risen. Enrolment rates at the primary level have dropped to 85 per cent from almost universal primary enrolment prior to the transition. There is a concern of increasing drop-outs as seen in the rise of street children in large cities. Educational supplies continue to be limited, school facilities are deteriorating, and outdated curricula and teaching methods do not prepare youth for the changes in the country and society. Opportunities for pre-primary education continue to decline, with only an estimated 10 per cent of pre-school-age children currently participating. Alternative systems are not yet in sight.

21. This was the first MTR to be held in Georgia. It consisted of technical assessments in the areas of health, education and children in need of special protection measures; sectoral review meetings between the Government and UNICEF, resulting in broad agreement on achievements, constraints and issues for further pursuance; and consultations with partner agencies and local NGOs. The six month process culminated with a National Intersectoral Review Meeting, chaired by the representative of the State Chancellery, with discussion papers based on the sector reviews presented by senior government officers representing the Ministries of Health and Education. Representatives of the United Nations Development Programme, the World Food Programme, the World Health Organization (WHO) and the Office of the United Nations High Commissioner for Refugees, as well as several international and national NGOs and UNICEF country, area and regional offices, also participated.

22. The formal review meeting also included the participation of representatives of the Alternative Youth Parliament, a national youth programme. Fifteen young people studied the various reports; visited selected sites, including schools, health centres and public care institutions; and provided inputs to each session of the review meeting. Their observations, especially their independent views and understanding of the Convention on the Rights of the Child, enriched the proceedings. All participants appreciated the process and the opportunity to review current efforts and to make suggestions and recommendations based on the changing needs and new opportunities in the country.

23. Along with the 1996-2000 programme of cooperation, UNICEF provided substantial humanitarian assistance under the United Nations Joint Appeals. The Georgia country programme itself was focusing its efforts in the field of child survival and development, supporting the country in the implementation and monitoring of health care and education reforms. Positive results were achieved in health and nutrition, ARI/CDD programmes, the promotion of breast-feeding and partially in immunization. In cooperation with NGOs, training courses in various fields were implemented which enriched the skills and knowledge of the counterparts and resulted in practical changes.

24. Data generated through the country programme, i.e., assessments, surveys, studies, etc., were recognized by all partners as a major source of information on the situation of children at risk and children who need special protection. It will be important to improve the quality of the national capacity for data collection and data analysis in order to provide a sounder base of information for policy decisions on reforms as well as for monitoring and performance evaluation.

25. As a result of the MTR, it was felt that a strategy of demonstration activities that are assessed and modified to eventually go to scale was an effective way to build capacity. However, these activities need to be better documented and evaluated.

26. The MTR confirmed the need to move from emerging humanitarian assistance to rehabilitation and development as medium- and long-term sustainable development. In this respect, most of the current country programme continues to be valid. However, some new priorities and directions were proposed, both for immediate action as well as for longer-term planning towards the next programme cycle. For example, more community involvement and support to civil society were encouraged and will be emphasized. Moreover, effective strategies to incorporate child and youth participation will be built into the remaining programme cycle. The main challenge ahead remains to facilitate the reform process in public health and education, which requires consistent support and adequate expertise.

27. Increased efforts in capacity-building at the local authority level will be incorporated into the projects for primary health care reform, reproductive health and young people's health. In addition, government authorities and NGO partners dealing with foster care and adoption, street children and working children will be introduced to appropriate strategies and practices for working with children in need of special protection. Future projects will also target families and primary caretakers in an intersectoral approach to ensure better parenting practices for ECCD.

28. The collection of data and information to support policy formation and management decisions will be strengthened through implementation of a multiple indicator cluster survey, a comprehensive educational analysis to provide immediate information, and through long-term support to the health information systems.

29. Empowering communities and care providers to take greater responsibility for their children needs further efforts. Media, information and educational packages will be developed to ensure the involvement of communities in the reform processes. Local authorities in cities and rural areas have to be involved from the very beginning of planning as this is the only way to ensure the active participation of counterparts and reinforce the ownership of projects. The positive experience of young people's participation in the MTR meeting demonstrated that with guidance, access to information, including the Convention on the Rights of the Child, and the opportunity to examine social issues directly, the views of youth can add a new dimension to the empowerment. Support will be given to the Alternative Youth Parliament and other youth groups in their efforts to participate in the implementation of the Convention in the country.

30. The involvement of NGOs is crucial, especially in the field of child protection. Their capacity to effectively plan, implement, monitor and report on projects should be strengthened. This will be the case for action related to the reduction of MMR through improvement of reproductive health and modern birth spacing in the health sector and in response to the needs of vulnerable groups such as street children and working children.

31. The creation and the development of networks for information exchange on experiences and community participation are recognized as most successful strategies for programme implementation. Networking will be encouraged within the same sector, between districts involved in the health reform, among NGOs in the same area, and cross-sectorally.

Turkey

32. The MTR meeting on the 1997-2000 programme of cooperation (E/ICEF/1996/P/L.34/Add.1) was held in September 1998. Consultative meetings with government counterparts, technical experts, the World Bank, NGOs and other United Nations agencies preceded the meeting to establish the framework for the review meeting and to begin to determine which strategies and objectives had been achieved and which needed to be adjusted.

33. The formal review meeting attempted to improve the child rights-based programming framework and the intersectoral approach. An important component of the meeting was the participation of civil society, young people and community representatives, which helped to expand alliances and acquire a broad-based consensus on strategies and the effectiveness of certain activities.

34. There has been overall improvement in the situation of women and children over the past years. U5MR, IMR and MMR have continued to decline on average, but it is still recognized that the eastern region of the country does not share these positive indicators for improved child survival. Access to improved services for this difficult region remains a big challenge to the programme in the future.

35. Malnutrition, as evidenced by the increased percentage of underweight children, is a major problem in the eastern region. One out of five children in this region is under weight, which is double the national average. Efforts to eradicate polio as part of the Global Polio Eradication Programme have as yet been unsuccessful.

36. Although eight years of primary education has recently been made compulsory, there are still pockets of low enrolment, especially among girls in remote rural areas or in poor urban settlements. Literacy among women is a problem in Turkey, as 6.5 million women are illiterate. It has been shown that there is a correlation between a mother's educational level and knowledge about proper child feeding practices. In this connection, it can be noted that 18 per cent of children under five years old who are malnourished have mothers who have received no education and are illiterate. This drops sharply to 5 per cent with mothers who have completed eight years of education. Regionally, access to preschool is limited, with only 15 per cent of preschool children enrolled in a formal programme. The completion rate of eight years of primary education is quite low and shows regional and gender disparities: 58 per cent for girls and 79 per cent for boys; however, it averages only 27 per cent in the east, far below the national average.

37. Numbers of children in need of special protection measures, street children and working children, children in conflict with the law, abused, neglected and sexually exploited children, and children with substance abuse problems are noticeable, and UNICEF is working with the Government to identify, quantify and mobilize support to remedy these growing social problems. The effective engagement of NGOs and civil society and the young people themselves as partners are new approaches for both Turkey and UNICEF.

38. Based on the previous programme cycle, Turkey decided to develop four interrelated and intersectoral programmes: civil society mobilization; support for regional and intra-urban disparity reduction; social research/monitoring; and planning and policy development. The programmes are seen in light of the major themes embodied in the Convention on the Rights of the Child: survival, protection, development and participation; and use of the key strategies of strengthening technical capacity for service delivery, empowerment,

advocacy for social development and monitoring. There is a concerted effort to converge sectors and base implementation on the Convention. This was identified as an innovative approach that is expected to reduce duplication of efforts and improve the mechanisms available for the transfer of experience between sectors, while increasing the cost-effectiveness and efficacy of interventions. Although counterparts are adjusting to this new way of programme implementation, the concept needs further refinement and clarification.

39. Turkey is the region's second United Nations Development Assistance Framework country and a four-year programme cycle was approved to achieve harmonization of cycles with other United Nations agencies. There is close cooperation with other United Nations agencies: the International Labour Organization in addressing the problems of working children and street children; the United Nations Population Fund for the safe motherhood and newborn care project; the Food and Agriculture Organization of the United Nations in areas of agriculture as it relates to the nutritional status of children and women; and the World Health Organization, along with the Rotary Club and the United States Centers for Disease Control and Prevention for the eradication of poliomyelitis. UNICEF also actively participates in the Joint and Co-sponsored United Nations Programme on HIV/AIDS coalition of agencies and has a close relationship with the World Bank in education.

40. The UNICEF office in Turkey was the first in the region to come completely on line with the Programme Manager System (PROMS). It was acknowledged in the review that the introduction of PROMS has slowed down programme implementation. However, now that technical problems have been worked out and staff members have developed the necessary competence, this should assist in the closer monitoring of projects.

41. The UNICEF office in Turkey has also been providing logistic support for supplies to neighbouring countries such as Iraq, as well as to procure locally for Azerbaijan, Georgia, Iraq, Tajikistan and Turkmenistan. As Supply Division in Copenhagen becomes more decentralized, the role of Turkey as a regional supply service will become more important.

Major country programme evaluations

A critical review of UNICEF support to psychosocial and peace education projects in the countries of the Former Yugoslavia

42. An assessment of UNICEF support to psychosocial programmes in the former Yugoslavia was commissioned by the UNICEF Regional Office to review the six years of intervention strategies dealing with children affected by war. It was based on interviews with 60 teachers, pedagogues, psychologists, aid workers and government representatives as well as on a review of more than 30 evaluations, project proposals and other papers that explain or critique the many projects that have been implemented in Bosnia and Herzegovina, Croatia and the Federal Republic of Yugoslavia. While UNICEF has engaged in a number of programme activities over the years that deal in one way or another with the psychological effects of war, it has been relatively recent that the organization has supported the design of programmes with the specific intent of addressing psychological trauma in children. The relatively high profile of such programmes has opened a debate within the organization over just how UNICEF should address such problems. This assessment provides an explanation of the logic behind the decision to train both professionals in the field of psychology and non-professionals such as teachers and other child caretakers to respond to the needs of traumatized children. A discussion of some of the dilemmas accompanying such a choice and an assessment of the extent to which the programmes reached their objectives or led to unforeseen consequences and opportunities is included.

43. The assessment concludes that support to psychosocial projects during the war was an appropriate and cost-effective way to respond to the large numbers of people whose lives have been severely disrupted by war. Despite the initial objectives of virtually all psychosocial programmes to help treat or even heal trauma in children, the most tangible benefits cited now that the war is over are those of teachers being given information about behaviour changes in their students and a new way of interacting with students. Teachers interviewed mentioned that the approaches used in the in-service training helped them concentrate on individual children and forced them to adopt more child-centred teaching techniques. Some of the limitations to further propagation of both psychosocial and peace education projects were also identified in the review. Some of these limitations include: the short-term nature of many of the training activities, with little or no follow-up; the lack of an overall systematic acceptance for psychosocial work or interactive and participatory methods used in peace education; and donor priorities which drastically change after a war when trauma intervention could be most useful.

44. The review made recommendations for future programmes and for future evaluation and research topics which will be followed up. This review, along with others that will be conducted of programming strategies in

conflict situations, will serve as a guide for the UNICEF staff working and programming in complex emergencies.

Education for All

45. The fifth MONEE report, produced by the UNICEF International Child Development Centre in Florence, identifies the serious education challenges facing the children living in the 27 countries examined. The report identified several key trends affecting educational systems in the region. Millions of children in the region are missing out on their right to quality education. The costs to families of educating children have increased sharply at a time when family incomes have fallen and inequity has risen. The quality of schooling has fallen. In many countries, there have been significant reductions in real public expenditures on education. Enrolment and attendance have often dropped, especially in the less developed parts of the region. Between 1989 and 1996, the number of school-age children has increased, but the number of children in school has declined by 1.6 million. In addition, the supply of school places has also declined. For example, over 30,000 preschools were closed in the countries of the Commonwealth of Independent States between 1991 and 1995. Social support provided by schools is down. The provision of meals and supervision of children after school have fallen. Health and dental checks are less common. For example, 670,000 basic grade children in Georgia received a health check-up in 1989, but only 250,000 in 1996. There is greater selectivity and competition in education, including the development of elite, better-funded upper secondary schools as well as private schools. War, due to ethnic strife or other causes, has severely disrupted the education of thousands of children. Many young people face unemployment on leaving school or on finishing the tertiary level studies.

46. The goal of the report is to highlight the serious education challenges facing the 115 million children in the region. The report identified clear policy issues that need to be resolved and programme directions which could inform future country programme involvement in education. Issues that emerge from the assessment formed the basis of a regional education meeting held in Struga, The former Yugoslav Republic of Macedonia, that focused on follow-up programme strategies of the many issues raised in the report. Moreover, as a result of the growing number of out-of-school young people, a study is under way in two countries of the region to quantify the problem and map out lines of action for support of these groups.

Childhood injuries: priority area for the transition countries of CEE/CIS and the Baltic States

47. All children have a right to a safe environment. Commissioned by the Regional Office and conducted by the London School of Tropical Medicine and Hygiene, this study has shown that injuries are a major unrecognized problem which impair the health and welfare of children and adolescents in the transition countries of Central and Eastern Europe and the Commonwealth of Independent States. The study analysed existing data and organized field visits to several countries in the region. Compared to the European Union, mortality rates from injuries, poisonings and violence are nearly five times higher in the Commonwealth of Independent States and 2.5 times higher in Central and Eastern Europe.

48. The profile of childhood deaths from external causes differs from that in the West with, for example, much higher death rates from drowning at all ages and from poisoning in young children in most transition countries.

49. Injuries account for much of the difference in mortality in childhood between East and West. If rates of mortality from these causes were reduced to the average for the European Union, depending upon age, up to 80 per cent of the difference in total mortality in childhood between East and West would be eliminated, and nearly 32,000 deaths in the 1- 19-year-old age group (31 per cent of all deaths at this age) would be prevented each year.

50. The scale and extent of this problem has not been appreciated either within the transition countries themselves or more broadly in the European or global community. This lack of visibility and the absence of ownership of the problem have meant that prevention programmes are either non-existent or poorly developed and uncoordinated within most transition countries.

51. Effective intervention strategies to reduce the burden of injuries have been developed in a number of countries, mainly in the West. With suitable adaptation to the local context, it is likely that many of these could start making an impact on the high levels of mortality and morbidity from injury in the transition countries. However, before improved intervention programmes become a reality, injuries need to have a higher public profile. NGOs and local pressure groups could play a key role in advancing the issue, bringing it to the attention of the media and politicians, and in advocating appropriate public health and social policy approaches.